

TOWN OF HANNA
PO BOX 99
HANNA WY 82327
PH. 307-325-9424
office@townofhanna.com

Payment Agreement Form

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

ACCOUNT #: _____

I hereby agree to pay to the Town of Hanna (AMOUNT)_____ as follows:

Service may be disconnected in accordance with Sec. 13.04.030 of the Hanna Municipal Code if payment is not made as agreed.

Subsequent bills shall not postpone the date when service may be discontinued.

If you have any questions regarding this agreement, please contact our office.

Customer Signature _____ Date _____

Town Clerk _____ Date _____